

SPECIAL USE PERMIT APPLICATION

THE UNDERSIGNED do/does hereby respectfully make application and request to the City of Archdale to amend the **Zoning Ordinance** and change the Official Zoning Map of the City as hereafter requested, and in support of this application the following facts are shown:

1.	What is the current zoning of the property?	
2.	The property sought for a Special Use permit in Address:	is owned by:
3.	Legal Description:	
Prope	rty Identification Number: (PIN#)	
Lot(s)	#	
Name Plat Bo	of Subdivision: Page:	
4. Counc		ring that requires a SU permit be approved by the City
	If the SU permit is approved, it is understood litions and requirements as stated, as well as the lances where applicable.	by all that the development must conform to the minimum requirements of the City of Archdale
Name	e of Applicant (if different from owner)	Signature of Owner
Applio	cant's Address	Owner's Address
Applic	cant's Telephone	Owner's Telephone

Complete application received/_	
Ву:	

This application must be filed with the **Director of Planning and Zoning** thirty (30) days prior to the scheduled Planning Board meeting and must be accompanied by a (\$600.00) filing fee.